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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)					Application Number 10/660,067			Filing Date 11 September, 2003			☐ To be Mailed			
					Applicant(s) LAENDER ET AL.						Page 1 of 2			
					* May be used for additional claims or amendments									
CLAIMS		AS FILED 12/05/2007		AFTER FIRST AMENDMENT 06/06/2008		AFTER SEC. AMENDMENT		* 12/05/2007			* 06/06/2008		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend	
1							51							
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12							62							
13							63							
14							64	1		1				
15							65		1		1			
16							66		1		1			
17							67		1		1			
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19							69 70		1		1			
20 21							70		1		1			
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24							74							
25							75		1		1			
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28							78		1					
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30 31							80 81		1		1			
32							82	1	1	1	1			
33							83	1	1	1	1			
34							84		1		1			
35							85		1					
36							86		1					
37							87		1		1			
38							88		1		1			
39 40							89 90	1	1	1	1			
41							90		1		1			
42							92		1		1			
43							93		1		1			
44							94		1		1			
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Depend							Depend							
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Claims							Claims							

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **E DEPENDENT CLAIM** Application Number Filing Date **MULTIPLE DEPENDENT CLAIM** 11 September, 2003 10/660,067 **FEE CALCULATION SHEET** Substitute for Form PTO-1360 Applicant(s) Page 2 of 2 (For use with Form PTO/SB/06) LAENDER ET AL. \* May be used for additional claims or amendments CLAIMS AS FILED AFTER FIRST AFTER SEC. AMENDMENT AMENDMENT 06/06/08 Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Total Total Indep Indep Total Total Depend Depend

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Total

Total Claims